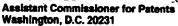
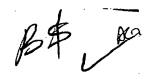
Complete and mail this form, together with app the fees, to:

PART B-ISSUE FEE TRANSMITTAL

Box ISSUE FEE





MAILING INSTRUCTION STATES Should be used for transmitting the ISSUE FEE. Blocks 1 hrough 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MM91/0413

BRIAN M. BERLINER, ESQ.
O MELVENY & MYERS LLP
400 SOUTH HOPE STREET
LOS ANGELES. CA 90071-28

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the Urfited States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

400 SOUTH HOPE STREET LOS ANGELES, CA 90071-2899							Maria Zita Chua				(Depositor's name)	
•	LUS HNGELES	, CH 90071-2	.033				maria.	Zita	Chua	, (Si	nature)	
AOOI	ICATION NO.	SUNC DATE	TOTAL 01		<del></del>	<u></u>	July 10.			(Da		
APPL	RATION NO.	FILING DATE	TOTAL C	LAIMS	<u> </u>	EXA	MINER AND GROU	P ART UNI	7	DA	TE MAILED	
	09/347,069	07/02/99	051	FF	RECH,	.K			2876	04	/13/01	
First Nāmed Applicant	KORMAN,		35	usc	154 (b	) t	erm ext.	=	0 Da	ys.		
TLE OF IVENTION MI	ULTI-TRANSA	CTIONAL ARCH	IITECTUR	RE								
ATTYS	DOCKET NO.	CLASS-SUBCLASS	BATCH NO	D. APF	PLN. TYPE		SMALL ENTITY	FEE C	DUE	DAT	E DUE	
3	141815-5	235-379	.000	F01	UTIL	ITY	YES	\$62	0.00	07	/13/01	
Change of correspondence address (or Change of Correspondence Address form PTO/S8/122) attached.						of up to gents ( a singli gistered of up to gents, if	patent front page, lis o 3 registered paten DR, alternatively, (2 le firm (having as a I attorney or agent o 2 registered paten no name is listed, no	1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MELVE	SNY &	MYERS L	
PLEASE No inclusion of the PTO or filing an ass	OTE: Unless an assigned assignee data is only ap is being submitted under ignment.	E DATA TO BE PRINTED of a is identified below, no assignment of a superplate when an assignment of a separate cover. Completic SH TECHNOLOG.	ignee data will a ent has been pre on of this form is	ppear on the viously sub NOT a sub	patent.	of P	following fees are e latents and Tradema ssue Fee Advance Order - # o	arks):		payable to (	Commissioner	
, ,	ENCE: (CITY & STATE O		ANGELE				following <b>June</b> or de			should be d -0639	harged to:	
Please chec	ck the appropriate assign	ee category indicated below	v (will not be prin	nted on the r	patent)		CLOSE AN EXTRA	COPY OF	THIS FOR	M)		
Please check the appropriate assignee category indicated below (will not be printed on the patent)  Individual Corporation or other private group entity I government						State Fee  MAdvance Order - # of Copies 10						
The COMMISS	SIONER-OF PATENTS-A	ND TRADEMARKS IS requ	ested to annly th	he issue Fe	e to the anni			Copies		<del></del>		
(AuthorizadySi				Date)		-						
	$)/\mathcal{X}$			07/10		1	07/17/2001 BSA1	ASI2 000	00065 09	347069		
or agent; or the	assignee or other party	in interest as shown by the	ne applicant; a records of the P	registered a Patent and	attomey		01 FC:242 02 FC:561			620.00 30.00		
Burden House depending on to complete to Office, Washi ADDRESS. S Patents, Was	r Statement: This form the needs of the indivi- his form should be ser ington, D.C. 20231. DC SEND FEES AND THI thington D.C. 20231	is estimated to take 0.2 h dual case. Any comment it to the Chief Information O NOT SEND FEES OR 0 S FORM TO: Box Issue F	s on the amount Officer, Paten COMPLETED f Fee, Assistant (	nt of time re nt and Trad FORMS TO Commissio	quired lemark THIS ner for							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.												
			TDANIOMET :	TI 410 F01			· · · · · · · · · · · · · · · · · · ·					